

Claims

1. A method for acquiring and evaluating data during the admission of a patient for surgery, wherein the patient data is acquired electronically, all inquiries concerning the admission of the patient being made automatically over a programmed, interactive data acquisition unit, so that

- a routine sequence of basic questions is maintained,
- the input is checked for compatibility and plausibility,
- the completeness of the information is checked in relation to risk evaluation,
- optionally, additional necessary information is obtained,
- the absence of information with regard to the consequences for the evaluating unit is estimated and
- all admission activities are recorded,

that, at any time of the data acquisition, and the risk is evaluated from the actual state of the information, that, in the course of the data acquisition, with each risk evaluation, a list is presented of further urgently necessary entries and that unanswered questions are acknowledged as such, in order to record that the due diligence obligation during the data acquisition has been fulfilled.

2. The method of claim 1, wherein the risk is evaluated at every point in the data acquisition from the actual state of the information so that the

- a.) each input value of the data acquisition is given a value between 0 and 1 in regard to its effect on the surgical risk, a 0 being assigned if a risk-increasing effect on the course of the surgery is not to be expected from concrete information, and the value of 1 being assigned if, on the base of experience, the dramatic surgical complications cannot be excluded for the concrete information provided,

- b.) each input field in an input device is occupied by a standard number the risk assignment to a risk group

1 = none

2 = slight

3 = moderate

4 = serious and

5 = dramatic surgical complications

the standard number is being modified by authorized users and adapted by real reference data;

- c.) the input fields are grouped according to their contents and, for the individual groups, the respective group affiliation with μ_G from the risk group numbers using the Fuzzy Set Theory;
 - d.) the individual group affiliation values are combined into a total affiliation μ^* over a rule based fuzzy system and
 - e.) The risk evaluation is obtained from the affiliation μ^* , in that this value, between 1 and 5, is transformed by rounding off into a whole number between 1 and 5 of the risk group:

$$R^*_{PAT} = \text{Round}(\mu^*)$$